

COMMUNITY SERVICE WORK PROGRAM **Time Verification Form**

*Defendants performing community work at below average or poor levels should be referred back to the CS Coordinator immediately. Work performed at these levels will not be acceptable.

DEFENDANT'S NAME: _____ PHONE: _____

RECIPIENT AGENCY: _____ TYPE: _____

AGENCY CONTACT PERSON _____ PHONE: _____

WORK SITE SUPERVISOR: _____

OBLIGATIONS: _____ HOURS TO BE COMPLETED BY: _____

PROBATION OFFICER'S NAME: _____

Date	Hours Worked	Verification (Supervisor's Initials)	Date	Hours Worked	Verification (Supervisor Initials)

Complete Reverse Side

TOTAL HOURS: _____

DEFENDANT'S INITIALS: _____

**COMMUNITY SERVICE WORK PROGRAM
Evaluation Form**

THE COMMUNITY SERVICE COORDINATOR MUST REVIEW THIS FORM WITH DEFENDANT BEFORE
HE/SHE BEGINS COMMUNITY WORK

1. Did the defendant abide by established schedule for completing community work? Yes ☐ No ☐
If not, did the defendant call prior to his/her absence or tardiness with reasonable cause to miss,
such as illness? Yes ☐ No ☐ COMMENTS: _____

2. Was the defendant cooperative, and willing to do tasks which he/she was capable of doing?
Yes ☐ No ☐ COMMENTS: _____

3. Did the defendant stay on task without constant prodding? Yes ☐ No ☐
COMMENTS: _____

4. What type of community work did he/she perform? _____

5. Did the defendant conduct himself/herself in an appropriate manner for your work setting?
Yes ☐ No ☐ COMMENTS: _____

6. Did he/she indicate a desire to become a volunteer in your agency? Yes ☐ No ☐
7. Other comments, if any: _____

8. How would you rate his/her performance of the community service work?
Excellent ☐ Above Average ☐ Average ☐ *Below Average ☐ *Poor ☐

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Signature of recipient agency supervisor: _____

Date: _____

This form is to be completed by the recipient agency supervisor after the community service
defendant completes the assigned number of hours. A signature on this form verifies the hours
worked by the defendant as listed on the reverse side. Please give an honest evaluation with any
helpful comments.